

HEALTH MAINTENANCE ORGANIZATION FOR APPROVAL CHECKLIST

NAME OF COMPANY: _____

() FOREIGN STATE OF DOMICILE: _____ NAIC: _____

() DOMESTIC

DATE RECEIVED

Form H-1 Application for Health Maintenance Certificate of Authority. _____

Form H-2 Admittance Questionnaire. _____

Articles/Certificate of incorporation, certified by home state. _____

By-laws, certified by Secretary of the company. _____

\$100, 000 Deposit.

() Domestic Company - Escrow Agreement _____

() Foreign Company – Certificate of Deposit _____

Biographicals. _____

Statement identifying the states where the HMO is authorized to operate; any state where it has pending an application for authorization to operate; any state where it has been cited for a violation of any laws or legislation, and an explanation of any such alleged violation, including status or outcome. _____

Business Plan. _____

Copies of management, agency or administrative contracts. _____

Form 12 – Uniform Consent to Service Process. _____

Form H-4 (Designation of Person to Receive Bulletins, etc. _____

Most recent Annual Statement.

Audited Financial Report, certified by CPA.

Report of Examination within three (3) years; explanation regarding age of the
Report if older than (3) years.

Combined Capital and Surplus - \$450, 000 (\$300,000 capital and \$150,000 surplus.

\$750 Application Fee; \$500 Annual Continuation Fee.

Checks made payable to the Delaware Department of Insurance.